



FY 2008 – Missouri WIC Peer Counseling Program Application Form

Section A. Applicant must complete Section A.

Name of Agency		WIC Agency Number	
Phone Number	Fax Number		Mailing Address
Name of Peer Counselor Program Coordinator and Titles		Peer Counselor Coordinator's E-mail Address	
Name of Breastfeeding Coordinator and Titles		Breastfeeding Coordinator E-mail Address	

Please answer the following questions.

1. Did you participate in the Breastfeeding Peer Counseling (BFPC) Program in FY 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If your agency participated in the FY 07 BFPC, how many peer counselors are in your agency as of April 2007?	
3. How many peer counselors do you plan to have in FY 08?	
4. How much (per hour) does your agency plan to pay peer counselors?	
5. How does your agency plan to pay peer counselors? (<input type="checkbox"/> Salary <input type="checkbox"/> Wage) <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other Form Please specify. _____	
6. How many years has your agency participated in the BFPC program? _____ Years	
7. Do you have staff with the following professional titles in your agency? Please indicate the number of staff for each title.	
a. M.D. b. IBCLC c. CLC d. CBE e. RN f. RD g. LPN	

Describe your Breastfeeding Peer Counselor Agency's plan for FY 2008. (Please complete on a separate sheet of paper)

Include the following information in your plan: Describe your agency's current breastfeeding environment. Include strategies to build on current services that you provide or to begin a foundation for breastfeeding services within your WIC clinic. Describe how your peer counselor will work with existing breastfeeding staff to build upon or create a breastfeeding friendly clinic. Based on your plan list two short term and two long term agency specific breastfeeding peer counseling goals.

Date Application Submitted	Applicant Signature
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Section B. WIC State Staff Use Only.

Name of Person Who Reviewed the Application	Approved Amount of Funding for FY 2008
Reviewer's Signature	Date